AMENDMENTS TO THE CLAIMS:

The following listing of claims replaces all prior versions, and listings, of claims in the application. If any claims are designated "cancelled," please cancel such claims without prejudice.

Listing of Claims:

1.—24. (Cancelled)

25. (Original) A method of determining a risk of having or developing a clinical subtype of Crohn's disease characterized by fibrostenosis, internal perforating disease or the need for small bowel surgery in a subject having Crohn's disease, comprising determining the presence or absence of three markers in the subject, said three markers being IgA anti-I2 antibodies, anti-*Saccharomyces cerevisiae* antibodies (ASCA), and IgA anti-OmpC antibodies, wherein the presence of said three markers indicates a first risk of having or developing said clinical subtype of Crohn's disease, the presence of exactly two of said three markers indicates a second risk of having or developing said clinical subtype of Crohn's disease, the presence of exactly one of said three markers indicates a third risk of having or developing said clinical subtype of Crohn's disease, and the absence of said three markers indicates a fourth risk of having or developing said clinical subtype of Crohn's disease, and wherein said first risk is greater than said second risk, said second risk is greater than said third risk, and said third risk is greater than said fourth risk.

26. (Original) A method of determining a risk of having or developing a clinical subtype of Crohn's disease characterized by the need for small bowel surgery in a subject having Crohn's disease, comprising determining the presence or absence of three markers in the subject, said three markers being IgA anti-I2 antibodies, anti-*Saccharomyces cerevisiae* antibodies (ASCA), and IgA anti-OmpC antibodies, wherein the presence of said three markers indicates a first risk of having or developing said clinical subtype of Crohn's disease, the presence of exactly two of said three markers indicates a second risk of having or developing said clinical subtype of Crohn's disease, the presence of exactly one of said three markers indicates a third risk of having or developing said clinical subtype of Crohn's disease, and the absence of said three markers indicates a fourth risk of having or developing said clinical subtype of Crohn's disease, and wherein said first risk is greater than said second risk, said second risk is greater than said third risk, and said third risk is greater than said fourth risk.

27. (Cancelled)

28. (Cancelled)

29. (Original) A method of determining a risk of having or developing a clinical subtype of Crohn's disease characterized by fibrostenosis, internal perforating disease or the need for small bowel surgery in a subject having Crohn's disease, comprising determining the presence and magnitude of three markers in the subject, said three markers being IgA anti-I2 antibodies, anti-*Saccharomyces cerevisiae* antibodies (ASCA), and IgA anti-OmpC antibodies, wherein a greater magnitude of said three markers combined indicates a greater risk of having or developing said clinical subtype characterized by fibrostenosis, internal perforating disease or the need for small bowel surgery.

30. (New) The method according to claim 29, wherein the step of determining the magnitude of three markers in the subject further comprises a step of performing quartile analysis of the magnitude of each marker.

31 (New) The method according to claim 30, wherein quartile analysis further comprises assigning scores based on the quartile into which a marker falls and then adding the scores to obtain a quartile sum score whereby a higher quartile sum score indicates a greater risk of having or developing said clinical subtype characterized by fibrostenosis, internal perforating disease or the need for small bowel surgery.